

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/576,663

FILING DATE

4-21-06

APPLICANT(S)

3629107

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8	1					
9	1					
10	1					
11	1					
12	1					
13	1					
14	1		1			
15		1				
16			1			
17			1			
18			1			
19			1			
20			1			
21			1			
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47						
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49						
50						
TOTAL IND.	2		3			
TOTAL DEP.	12	←	9	←	←	
TOTAL CLAIMS	14		12			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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95						
96						
97						
98						
99						
100						
TOTAL IND.				↓		
TOTAL DEP.		←		←	←	←
TOTAL CLAIMS						